2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

DOCUMENT # N0500008034 1. Entity Name WINGS OF FREEDOM AVIATION MUSEUM, INC.								01-19-	2006 90	0074 039	****70.00	
Principal Plac 8738 A SW 9 OCALA, FL 3	OTH STREE		Maifing Address PO BOX 773364 OCALA, FL 34477									
2. Principal P	Tace of Busin	ness	3. Mailing Address									
Suite, Apt. F, etc.			Suite, Apt. #, etc.				152006 (Chg-NP	CR2E0	37 (11/05)		
City & State			City & State				El Number	307	32	! +	plied For of Applicable	
Zip	Zip Country		Zip	Zip Cai		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
8738 A SW 90TH STREET OCALA, FL 34481 //7 City						755 S	ofress (P.O. Box Number is Not Acceptable) 55 5w 7975 CIR. Cala FL 34476					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when remaining) DATE												
	Filing Fe Due by i	e is \$61.25 lay 1, 2006		Trust Fund Com			00 May Be			t payable to tment of Si	Table 1	
TITLE HAME STREET ADDRESS CITY-ST-DP	DP MILLER,	W 90TH STREET) Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZP	ADDIT	ONS/CHANC	SES TO OFFICE	RS AND DE	RECTORS IN	10 Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	HAEDIKE, PAUL (BUD) 11316 SW 139TH PLACE 5				TITLE HAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL, JO 11755 SV OCALA, F	79TH CIRCLE] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		Change	Addition	
TITILE - NAME - STREET ADDRESS CITY-ST-ZIP	_) Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mills, C 8185 CITRU	HROLY N. FRI S SPI	IN. VITA E RINGS,	R FL 3	□ Change	Addition	
TITLE NAME STREET ADDRESS CHY+ST-ZIP] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70hm 47 0		re	49	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	MARI 2256 CITNIC	TE 5 DW 1 5 SP	sharp breend rings	FLI	□ Crange PL 3443		
12. Thereby certify that the information surplied with this fitting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is surplied and securate and that my ginature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
	71	SIGNATURE: 100 TYPED OR PROTEED NAME OF SKNIGND OFFICER OR DIRECTOR DEED DESCRIPTION DESCRIPTION DESCRIPTION OFFICER S										



January 25, 2006

WINGS OF FREEDOM AVIATION MUSEUM, INC. PO BOX 773364 OCALA, FL 34477

Subject: WINGS OF FREEDOM AVIATION MUSEUM, INC.

Reference Number:

N05000008034

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION